PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

TRADET THE Panerwork Reduction	Act of 1995	no persons are requir	ed to res	U.S. Patent a spond to a collection	and Trad	emark Office; U.S. DE lation unless it display	PARTMENT OF COMMERCE is a valid OMB control number	
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			_	Application Number 10/044,824				
FEE TRANSMITTAL			┖	Filing Date		01/10/2002		
For FY 2005			L	First Named Inve	entor	Robert W. Arnold		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		Brian R. Gordon		
				Art Unit		1743		
TOTAL AMOUNT OF PAYM	ENT (\$)	\$3,310.00		Attorney Docket	No.	4620-00006		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARC	CH, AND E FILING F			CH FEES	FXAM	INATION FEES		
A 11 =	<u>s</u>	mall Entity		Small Entity		Small Entity	Fore Doid (\$)	
Application Type	Fee (\$)		Fee (\$)		Fee (Fees Paid (\$)	
Utility	300	150	500	250	200			
Design	200	100	100	50	130			
Plant	200	100	300	150	160	~~		
Reissue	300	150	500	250	600	• • •		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25								
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100								
Multiple dependent claims 360 180								
<u>Total Claims</u> <u>Ex</u> - 20 =	xtra Claims 0	-	<u>Fee F</u>	Paid (\$) \$0.00		le Dependent Clai		
HP = highest number of total cla		x =		Ψ0.00	<u>Fee</u>	r(a) reer	Paid (\$)	
Indep. Claims								
3 = x =\$0.00 HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =\$0.00								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other: Petition Fee, Revival Fee, Extension Fee \$3,310.00								
SUBMITTED BY			- 1	Registration No		Talaaha		

(Attorney/Agent) 36,057 Signature Edward R. Willjams, Jr. Telephone 414-271-7590 Name (Print/Type) Date 11/04/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.